



# TEEN ADVISORY BOARD (TAB) VOLUNTEER APPLICATION

Date Received: \_\_\_\_\_

## TAB Volunteer Requirements:

- You must be at least 13 years old or entering 7<sup>th</sup> grade to volunteer at the library.
- You must complete the entire TAB application and corresponding forms.
- You must allow the library to perform a background check.

If you have any questions or concerns please contact Tinna Mills at 773-3242 x29

## Tell Us About Yourself:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

School and Grade: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail address\*: \_\_\_\_\_

\*Applicants are encouraged to provide a stable e-mail address for communication.

1. Do you have any hobbies or interests? If so, please list them:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What kinds of books do you like to read? Circle all that apply & list examples:

<b>Science Fiction</b>	<b>Horror</b>	<b>Suspense/Thrillers</b>	<b>Series</b>
<b>Mysteries Romance</b>	<b>Fantasy</b>	<b>Graphic Novels</b>	<b>Other</b>

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What changes would you suggest to improve the library and its programs for teens?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please return this form to the Children's Reference Desk at Veterans Memorial Library  
301 S. University, Mt. Pleasant, Michigan 48858 ~ Ph. 989.773.3242 ~ [www.crdl.org](http://www.crdl.org)*



## TAB Online User Agreement

Members of the Chippewa River District Library TAB have many opportunities to use e-mail, blogs & other social networking sites to stay in touch about what's going on at the library as well as the great new books and resources they discover there. In order to be involved in this you must read and sign the following:

### TAB Discussion List User Agreement:

- I give CRDL permission to use my e-mail address to contact me with information regarding my involvement in the Teen Advisory Board.
- The Chippewa River District Library is not responsible for any damages this list may cause (virus outbreaks, etc).
- If you wish to be removed from this list, please contact Youth Services Associate Tinna Mills at [tmills@crdl.org](mailto:tmills@crdl.org) and asked to be removed.

### TAB Online Conduct Guidelines:

- Use appropriate language.
- For your safety, use only your first name or a fictional username when you post.
- Feel free to speak your mind, but be respectful to others; offensive and inappropriate comments will be deleted.
- CRDL reserves the right to delete posts at any time for any reason; posts that are too far off topic will be deleted.
- When you would like to post a link to an outside website, it must first be approved by a member of the CRDL staff.
- No solicitation
- Library-related activities are the only activities to be promoted on library sites.

**I have read and agree to the above permissions and guidelines:**

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TAB Applicant Signature

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Parent or Guardian Signature



## Emergency Contact Information

Please list two people to be notified in the event of an emergency.

Your name: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital name: \_\_\_\_\_ Phone: \_\_\_\_\_

If you are under 18, you **MUST** have a parent's or guardian's signature.

I, \_\_\_\_\_, give permission for \_\_\_\_\_ to volunteer at the Chippewa River District Library.

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Parent's or Guardian's signature

Date



## ***BACKGROUND INFORMATION CHECK***

It is the policy of the Chippewa River District Library to perform background checks on all employees and volunteers working for the library. Please complete the following information and return this form with your volunteer application. You will not be placed in a volunteer position until this form and the background check have been completed satisfactorily.

### **PLEASE PRINT CLEARLY**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Maiden Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Sex:** Female / Male    **Race:** White / Black / American Indian / Hispanic / Asian or Pacific Islander

**Michigan Drivers License Number:** \_\_\_\_\_

**Please list any other names you are known by:** \_\_\_\_\_

**For Administration Use Only**

Results: P or F Date: \_\_\_\_\_ Initials: \_\_\_\_\_



## Photo/Video/Audio Release

I hereby irrevocably grant Chippewa River District Library the right to use my name and/or one or more portraits, pictures, photographs, video and audio recordings of me, or reproductions or derivatives of the same, in any form for education, communication, and/ or promotion purposes, unless otherwise noted.

I understand that I am to receive no compensation; and I agree that all such portraits, pictures, photographs, video and audio recordings and any reproductions thereof, and all plates, negatives, recording tape, and digital files shall remain the property of Chippewa River District Library, unless otherwise noted.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chippewa River District Library Rep.

\_\_\_\_\_  
Date

If the model/talent is not yet eighteen (18) years old, the parent or guardian must sign the following:

I \_\_\_\_\_, hereby warrant that I am the  
\_\_\_\_\_ of \_\_\_\_\_, a minor, and have  
full authority to authorize the above Release which I read and approved.

\_\_\_\_\_  
Parent's or Guardian's signature  
(if under 18)

\_\_\_\_\_  
Date

Chippewa River District Library  
Veterans Memorial Library  
301 S. University Ave  
Mt. Pleasant, MI 48858  
989.772.3432